

THE CHILD AND ADOLESCENT
SERVICES ASSESSMENT
(CASA)

Child Interview

Version 5.0

BARBARA J. BURNS, PhD
ADRIAN ANGOLD, MRCPsych
KATHRYN MAGRUDER-HABIB, PhD
ELIZABETH J. COSTELLO, PhD
MARTHA K.S. PATRICK

Developmental Epidemiology Program
Department of Psychiatry and Behavioral Sciences
Duke University Medical Center

October 2008

Copyright (1989,1990,1991,1992,1993,1994, 1995, 1996)
BJ Burns, A Angold, K Magruder-Habib, EJ Costello, M Patrick

Definitions and questions

Coding rules

Codes

**CHILD HEALTH SERVICES SCREEN
SERVICES SCREEN**

Because it's easy to forget, I'm going to go through a list of places where you might have gotten help or treatment (for any concerns or problems you might have experienced).

I want you to tell me whether you have been to any of them in your life, and in the last 3 months.

PSYCHIATRIC HOSPITAL

Because it 's easy to forget, I'm going to go through a list of places where you might have gotten help (for these difficulties).

I want you to tell me whether you've ever been to any of them.

GENERAL HOSPITAL PSYCHIATRIC UNIT

A hospital inpatient unit?

*Do you know what sort of hospital it was?
Was it a medical or a psychiatric hospital?
Was it an ordinary medical ward or a special psychiatric ward?
when did you first (go there)?
Have you (been there) in the last 3 months?*

PSYCHIATRIC HOSPITAL

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

GENERAL HOSPITAL PSYCHIATRIC UNIT

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Ever:CNA0E01
Intensity

Ever:CNA0001
Onset

CNA0I01
Intensity

Ever:CNA1E01
Intensity

Ever:CNA1001
Onset

CNA1I01
Intensity

Definitions and questions

<p>DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT</p> <p><i>An inpatient alcohol or drug treatment unit?</i></p> <p><i>Or an inpatient detoxification unit?</i></p>
<p>HOSPITAL MEDICAL INPATIENT UNIT</p> <p><i>A medical inpatient unit, for any of the kinds of problems that you told me about?</i></p> <p><i>In the last 3 months?</i> <i>When was the first time?</i></p>
<p>RESIDENTIAL TREATMENT CENTER</p> <p><i>A residential treatment center because of the problems you told me about?</i></p> <p><i>Where was that?</i> <i>Have you been there in the last 3 months?</i> <i>When was the first time?</i></p>

Coding rules

DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

HOSPITAL MEDICAL I/P UNIT

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

RESIDENTIAL TREATMENT CENTER

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:CNA2E01
Intensity

Ever:CNA2O01
Onset

CNA2I01
Intensity

Ever:CNA3E01
Intensity

Ever:CNA3O01
Onset

CNA3I01
Intensity

Ever:CNA4E01
Intensity

Ever:CNA4O01
Onset

CNA4I01
Intensity

Definitions and questions

DETENTION CENTER/TRAINING SCHOOL/JAIL
Have you ever been in a detention center or training school?
In jail or prison?
 How many times?
 Have you been there in the last 3 months?
 When was the first time?

GROUP HOME/EMERGENCY SHELTER
Have you ever been in a group home?
Or an emergency shelter?
 Where was that?
 Have you been there in the last 3 months?
 When was the first time?

THERAPEUTIC FOSTER CARE
Have you been in therapeutic foster care?
 Where foster parents had been trained to provide care?

Coding rules

DETENTION CENTER/TRAINING SCHOOL/JAIL

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

GROUP HOME/EMERGENCY SHELTER

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

THERAPEUTIC FOSTER CARE

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:CNA5E01
 Intensity

Ever:CNA5O01
 Onset

CNA5I01
 Intensity

Ever:CNA6E01
 Intensity

Ever:CNA6O01
 Onset

CNA6I01
 Intensity

Ever:CNA7E01
 Intensity

Ever:CNA7O01
 Onset

CNA7I01
 Intensity

Definitions and questions

BOARDING SCHOOL
Or gone to a boarding school for the kinds of problems you told me about?
When did you first (go there)?
Have you (been there) in the last 3 months?
Was it any help?
In what way?
Did it make things even worse?
How?

DAY HOSPITAL/PARTIAL HOSPITALIZATION
Have you been to a day hospital?
Or a partial day program at a hospital?
Has that been in the last 3 months?
When was the first time?

OUTPATIENT DRUG OR ALCOHOL CLINIC
Have you been to an outpatient drug or alcohol clinic?
Where at?
Have you been in the last 3 months?
When did you first go there?

Coding rules

BOARDING SCHOOL

0 = No
 2 = Yes

LAST THREE MONTHS

0 = No
 2 = Yes

DAY HOSPITAL/PARTIAL HOSPITALIZATION

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

OUTPATIENT DRUG OR ALCOHOL CLINIC

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:CNA8E01

Ever:CNA8O01
 Onset

Ever:CNA8I01
 Intensity

Ever:CNA9E01
 Intensity

Ever:CNA9O01
 Onset

CNA9I01
 Intensity

Ever:CNB0E01
 Intensity

Ever:CNB0O01
 Onset

CNB0I01
 Intensity

Definitions and questions

MENTAL HEALTH CENTER
A mental health center?

COMMUNITY HEALTH CENTER
A community health center?
Have you been in the last 3 months?
When did you first go there?

CRISIS CENTER
Have you ever been to a crisis center for any kind of help?
Have you been in the last 3 months?
When was the first time?

Coding rules

MENTAL HEALTH CENTER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

COMMUNITY HEALTH CENTER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

CRISIS CENTER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:CNB1E01
Intensity

Ever:CNB1O01
Onset

CNB1I01
Intensity

Ever:CNB2E01
Intensity

Ever:CNB2O01
Onset

CNB2I01
Intensity

Ever:CNB3E01
Intensity

Ever:CNB3O01
Onset

CNB3I01
Intensity

Definitions and questions

IN-HOME COUNSELING/CRISIS SERVICES
Have you ever had in-home counseling or crisis services?
In the last 3 months?
When did you first have in-home services?

PRIVATE PROFESSIONAL TREATMENT
Have you been to a private professional for help with any problems?
Or a social worker or a psychiatric nurse?
Has s/he seen them in the last 3 months?
When was the first time?

Coding rules

IN-HOME COUNSELING/CRISIS SERVICES

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

PRIVATE PROFESSIONAL TREATMENT

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:CNB4E01
Intensity

Ever:CNB4O01
Onset

CNB4I01
Intensity

Ever:CNB5E01
Intensity

Ever:CNB5O01
Onset

CNB5I01
Intensity

Definitions and questions

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

Have you seen a school guidance counselor for help with the problems we have talked about?

Or a school psychologist?

Or a school social worker?

Or gotten any other sort of help at school?

When was the first time?

Have you seen them in the last 3 months?

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

Have you been in any special classes?

Was it for emotional or behavioral reasons?

Coding rules

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

0 = No

2 = Yes

LAST 3 MONTHS

0 = No

2 = Yes

Specify

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

0 = No

2 = Yes

LAST 3 MONTHS

0 = No

2 = Yes

Specify

Codes

Ever:CBP0E01
Intensity

Ever:CBP0O01
Onset

CBP0I01
Intensity

Ever:CNB7E01
Intensity

Ever:CNB7O01
Onset

CNB7I01
Intensity

Definitions and questions

SPECIAL CLASS (LEARNING DISABILITIES/MR)
Have you been in any special classes for other reasons?
Was it for learning problems?
Have you seen them in the last 3 months?
When was the first time?

SCHOOL TEACHER
Have you gone to a school teacher for special help about feelings or behaviors?
In the last 3 months?
When was the first time?

Coding rules

SPECIAL CLASS (LEARNING DISABILITIES/MR)

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
 - 2 = Yes
 - Specify
-
-
-

SCHOOL TEACHER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:CND0E01
Intensity

Ever:CND0O01
Onset

CND0I01
Intensity

Ever:CND7E01
Intensity

Ever:CND7O01
Onset

CND7I01
Intensity

Definitions and questions

SCHOOL NURSE
Or a school nurse?
In the last 3 months?
When was the first time?

EDUCATIONAL TUTORING
Have you had educational tutoring (outside of a special class)?
By whom?
What was it for?

SOCIAL SERVICES
 Include visits to Social Services and visits by Social Services to the home if related to subject's problems. Include child-related visits if subject's symptoms are related to children i.e. anxiety, conduct, etc.
Have you seen social services for any of the kinds of problems that you told me about?
Have you gone there in the last 3 months?
When was the first time?

Coding rules

SCHOOL NURSE

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

EDUCATIONAL TUTORING

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

SOCIAL SERVICES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:CND8E01
 Intensity

Ever:CND8O01
 Onset

CND8I01
 Intensity

Ever:CND1E01
 Intensity

Ever:CND1O01
 Onset

CND1I01
 Intensity

Ever:CNB8E01
 Intensity

Ever:CNB8O01
 Onset

CNB8I01
 Intensity

Definitions and questions

PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR
Have you ever had a Probation Officer or Juvenile Correction Counselor?
 When did you first go?
 Have you seen them in the last 3 months?

FAMILY DOCTOR/OTHER MD
Have you seen your family doctor for any of the kinds of problems that you told me about?
 Or any other medical doctor?
 In the last 3 months?
 When did you first see a doctor for problems like that?

HOSPITAL EMERGENCY ROOM
Have you been to a hospital emergency room?
 Have you been there in the last 3 months?
 When was the first time?

Coding rules

PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

FAMILY DOCTOR/OTHER MD

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

HOSPITAL EMERGENCY ROOM

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:CNB9E01
 Intensity

Ever:CNB9O01
 Onset

CNB9I01
 Intensity

Ever:CNC0E01
 Intensity

Ever:CNC0O01
 Onset

CNC0I01
 Intensity

Ever:CNC1E01
 Intensity

Ever:CNC1O01
 Onset

CNC1I01
 Intensity

Definitions and questions

RELIGIOUS COUNSELOR

If Religious Counselor is a paid pastoral counselor, code under Private Professional.

Code here religious, spiritual, faith-based counselors i.e. priest, rabbi, minister.

Have you seen a minister (priest, rabbi, etc.) for any of the kinds of problems you told me about?

Or any other spiritual or faith-based counselor?

*Have you seen them in the last 3 months?
When was the first time?*

ALTERNATIVE PRACTITIONER/OTHER HEALER

Have you seen any other healers?

*Such as a faith healer?
Or a medicine man/woman?
Or a curandero?
Or a traditional Indian healer?
Or an herbalist?
Or a root doctor?
Or a "New Age" practitioner?
Or a natural therapist?
Or a touch or health therapist?
When did you first (go there)?
Have you seen any of those in the last 3 months?*

Coding rules

RELIGIOUS COUNSELOR

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

ALTERNATIVE PRACTITIONER/OTHER HEALER

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:CNC2E01
Intensity

Ever:CNC2O01
Onset

 /

CNC2I01
Intensity

Ever:CNC3E01
Intensity

Ever:CNC3O01
Onset

 /

CNC3I01
Intensity

Definitions and questions

OTHER "NON-PROFESSIONAL" HELP

Assistance from others who are not professionally trained, licensed, and/or certified to provide mental health services for fees.

CRISIS HOTLINE

Have you had any other sort of treatment of help, such as:

*A crisis hotline?
When did you first (go there)?
Have you called in the last 3 months?*

SELF-HELP GROUP

Self-help groups, like AA or NA?

*Have you (been there) in the last 3 months?
When did you first (go there)?*

INTERNET SUPPORT GROUP

Internet web sites or chat rooms specific to discussion of certain problems, emotions, disorders, or disabilities.

Have you ever sought help from an internet support group for the kinds of problems we have talked about?

Or participated in chat room conversations about those kinds of issues or concerns?

*Have you done that in the last 3 months?
When was the first time you sought help online?*

Coding rules

CRISIS HOTLINE

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

SELF-HELP GROUP

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

INTERNET SUPPORT GROUP

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:CNC4E01
Intensity

Ever:CNC4O01
Onset

CNC4I01
Intensity

Ever:CNC5E01
Intensity

Ever:CNC5O01
Onset

CNC5I01
Intensity

Ever:ISG0E01
Intensity

Ever:ISG0O01
Onset

ISG0I01
Intensity

Definitions and questions

HELP FROM RELATIVES
Have you tried to get help from relatives, and this could include parents?
Have you talked to them about that in the last 3 months?
When was the first time?

OTHER NON-PROFESSIONAL ADULT HELP
Or from other adults, for any of the kinds of problems that you told me about?
Have you talked to them about that in the last 3 months?
When was the first time?

HELP FROM FRIENDS
Have you spoken to friends to get help?
Have you talked with them about problems in the last 3 months?
When was the first time?

Coding rules

HELP FROM RELATIVES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

HELP FROM RELATIVES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

HELP FROM FRIENDS

0 = No
 2 = Yes

HELP FROM FRIENDS

0 = No
 2 = Yes

Codes

Ever:CNC6E01
 Intensity

Ever:CNC6O01
 Onset

CNC6I01
 Intensity

Ever:CNC7E01
 Intensity

Ever:CNC7O01
 Onset

CNC7I01
 Intensity

Ever:CNC8E01
 Intensity

Ever:CNC8O01
 Onset

CNC8I01
 Intensity

Definitions and questions

Coding rules

Codes

GENERAL SERVICES USE

This page is to be asked of every subject interviewed. The intent is to gather inclusive general information. Detailed Service Forms are not completed on Non-Mental Health related services.

**We have asked you in detail about all services used for emotional, behavioral, or substance related reasons. Now we would like to briefly ask about four services used in general over the last year and over the last 3 months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.*

SPECIAL SERVICES AT SCHOOL

Have you used any student services at school (e.g. guidance counselor or special class)?

Have you used them in the last 3 months?

DEPARTMENT OF SOCIAL SERVICES

Have you received any services from DSS (The Department of Social Services)?

In the last 3 months?

SPECIAL SERVICES AT SCHOOL

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

DEPARTMENT OF SOCIAL SERVICES

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Ever:CND2101
Intensity

CND2102
Intensity

Ever:CND3101
Intensity

CND3102
Intensity

Definitions and questions

CONTACT WITH COURT OR JUVENILE JUSTICE

Have you had any contact with the court or juvenile justice services?

In the last 3 months?

HEALTH PROVIDER

Have you made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?

Have you been in the last 3 months?

MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS

Have you been to a mental health center or seen a mental health professional privately for other than your own mental health problems (mostly for those of another family member)?

Have you been in the last 3 months?

Coding rules

CONTACT WITH COURT OR JUVENILE JUSTICE

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

HEALTH PROVIDER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:CND4I01 Intensity

CND4I02 Intensity

Ever:CND5I01 Intensity

CND5I02 Intensity

Ever:CND6I01 Intensity

CND6I02 Intensity

Definitions and questions

Coding rules

Codes

**DETAILED CHILD SERVICES FORM 1
 COMPLETE ONE OF THESE FORMS FOR EACH
 SETTING WHERE SERVICES HAVE BEEN
 USED DURING THE LAST 3 MONTHS
 TREATMENT SETTING -
 INPATIENT/OUTPATIENT (FORM 1)**

Where did you go/whom did you see?

TREATMENT SETTING- FAMILY DOCTOR

Did you see a family doctor?

TREATMENT SETTING

0 = Absent

2 = Present

OVERNIGHT/INPATIENT

0 = Absent

1 = Psychiatric hospital

2 = Psychiatric unit in general hospital

3 = Drug/Alcohol/Detoxification unit

4 = Medical inpatient unit in hospital

5 = Residential Treatment Center

6 = Detention Center/Training School/Jail

7 = Group home/Emergency shelter

8 = Therapeutic Foster Care

9 = Boarding School

**OUTPATIENT MENTAL HEALTH
TREATMENT**

0 = Absent

1 = Partial hospitalization/day program

2 = Drug/Alcohol

3 = Mental health center/Clinic

4 = Community health center

5 = Crisis center

6 = In-home counseling/crisis services

7 = Private professional treatment

FAMILY DOCTOR

0 = No

2 = Yes

COA0X0Z 00
Intensity

COA0X99

COA0X98

COA0X95
Intensity

Definitions and questions

TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP

Where did you go/whom did you see?

Coding rules

TREATMENT SETTING

- 0 = Absent
- 2 = Present

OTHER PROFESSIONAL HELP

- 0 = Absent
- 1 = School guidance counselor/school psychologist; school social worker
- 2 = Special class/BEH
- 3 = Social services
- 4 = Probation officer/juvenile correctional counselor
- 5 = Family doctor/Other MD
- 6 = Hospital ER
- 7 = Religious counselor
- 8 = Other healer/ternative practitioner
- 9 = Special class/LD or MR
- 10 = Educational tutoring
- 11 = School Teacher
- 12 = School Nurse

OTHER NON-PROFESSIONAL HELP

- 0 = Absent
- 1 = Crisis hotline
- 2 = Self-help group (AA, NA, etc)
- 3 = Adult family member/Relative
- 4 = Non-professional adult help
- 5 = Peer help

Codes

COA0X0X 00
Intensity

COA0X97

COA0X96

Definitions and questions

PROVIDER'S FOCUS OF TREATMENT

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

ATTENDED TREATMENT SETTING.

What were the main reasons that you "went to treatment setting?"

*Were there any other reasons?
What were they?*

How often (long) did you go/stay in the last 3 months?

AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.

How long was each visit/session?

When did you first go there for this current treatment?

Are you still going?

IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT

When did you stop?

What were the reasons you stopped treatment?

CODE 3 REASONS IN ORDER OF APPARENT IMPORTANCE

Coding rules

ATTENDED TREATMENT SETTING

- 0 = Absent
- 2 = Present

FOCUS OF TREATMENT

- 0 = Absent
- 1 = School non-attendance
- 2 = Separation anxiety
- 3 = Worries/anxiety
- 4 = Obsessions/compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms
- 8 = Food-related behavior
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder
- 11 = Alcohol/Drugs
- 12 = Psychosis
- 13 = Relationships with Parent #1, #2
- 14 = Relationships with Other Parent #1, #2
- 15 = Relationships with other adults
- 16 = Sibling relationships
- 17 = Peer relationships
- 18 = Post-Traumatic Stress
- 19 = Psychological testing/evaluation
- 20 = Follow-Up care
- 21 = Other

LENGTH OF VISIT (FORM 1)

Codes

COA0XYZ 00
Intensity

COA0X03

COA0X04

COA0X05

COA0F01
Frequency

COA0D01

COA0O01
Onset

Definitions and questions

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 2)", (PAGE 5).

Coding rules

STILL ATTENDING

- 0 = No
- 2 = Yes

DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)

REASON(S) STOPPED

- 1 = Planned termination of treatment
- 2 = Planned termination of treatment
- 3 = Child improved so stopped going
- 4 = Parent felt "provider" did not understand what the problem was
- 5 = Parent disagreed with "provider" about what should be done
- 6 = Parent and/or child had a bad experience with this "provider"
- 7 = Parent and/or child felt discriminated against
- 8 = "Provider" was no longer available (moved or left setting)
- 9 = Child refused to go
- 10 = Insurance/managed care company limited treatment
- 11 = Too expensive
- 12 = Parent or child moved
- 13 = Other

Codes

COA6I01

COA6O01

COA6X01

Definitions and questions

FORMAT OF SERVICE CONTACT

I am going to ask you about the different types of treatment that you or family may have received in this setting

Did you receive

An assessment/evaluation or psychological testing?

Individual therapy?

Group therapy?

Did you or your family receive.....

Family therapy, when "provider" meets with parents and children together?

Counseling for your "parents" by themselves?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

Did your "provider"

Contact or work with your child's school?

Contact or work with any other services or agencies?

Coding rules

FORMAT OF SERVICE CONTACT

- 0 = No
- 2 = Yes

ASSESSMENT/EVALUATION/TESTING

- 0 = No
- 2 = Yes

INDIVIDUAL THERAPY FOR CHILD

- 0 = No
- 2 = Yes

GROUP THERAPY

- 0 = No
- 2 = Yes

FAMILY THERAPY

- 0 = No
- 2 = Yes

COUNSELING FOR PARENT AND/OR PARTNER

- 0 = No
- 2 = Yes

FAMILY GROUP

- 0 = No
- 2 = Yes

CASE MANAGEMENT

- 0 = No
- 2 = Yes

CONTACTED SCHOOL

- 0 = No
- 2 = Yes

CONTACTED OTHER SERVICES OR AGENCIES

- 0 = No
- 2 = Yes

Codes

COA7X01
Intensity

COA7I01

COA7I03

COA7I04

COA7I07

COA7I08

COA7I06

COA7I09

COA7I11

COA7I12

Definitions and questions

PARENTAL INVOLVEMENT
Did your parents participate in any sessions with you?
How many?
Did you feel they should be more involved?
Or less involved?

CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

OTHER FAMILY INVOLVEMENT
Were other family members involved (apart from your parents)?
Who?
Did they participate in any sessions?
How many?
Did you feel they should be more involved?
Or less involved?

Coding rules

PARENTAL INVOLVEMENT

- 0 = Adequate involvement.
- 2 = Parent feels his/her involvement was insufficient.
- 3 = Parent feels his/her involvement was too extensive.

OTHER FAMILY INVOLVEMENT

- 0 = Adequate involvement.
- 2 = Parent feels his/her involvement was insufficient.
- 3 = Parent feels his/her involvement was too extensive.

Codes

COA1X01
Intensity

COA1F01
Frequency

COA2X01
Intensity

COA2F01
Frequency

Definitions and questions

TREATMENT APPROACHES

Now I want to ask you about what went on in any of the treatment sessions you had

Did your "provider" (or any of your "providers")...

Have you keep a diary of your behavior?

Help you set up a plan for rewarding your good behavior?

Set up a behavioral contract?

Give you any "homework" to practice?

Suggest using "time-outs"?

Teach you ways to manage your behavior?

Teach you ways to relax?

Teach you how your thoughts can affect how you feel and behave?

Teach you social skills?

Teach you how to deal with depressing or anxious thoughts?

Was medication prescribed for you?

Are you still taking it?
When did you stop?

OFFSET OF MEDICATION.

When did you stop?

Coding rules

TREATMENT APPROACHES

0 = No

2 = Yes

KEEP DIARY

0 = No

2 = Yes

REWARDS

0 = No

2 = Yes

BEHAVIORAL CONTRACT

0 = No

2 = Yes

"HOMEWORK"

0 = No

2 = Yes

"TIME - OUTS"

0 = No

2 = Yes

MANAGE BEHAVIOR

0 = No

2 = Yes

RELAXING

0 = No

2 = Yes

THOUGHTS AFFECTING BEHAVIOR

0 = No

2 = Yes

SOCIAL SKILLS

0 = No

2 = Yes

COPING WITH DEPRESSION

0 = No

2 = Yes

MEDICATIONS

0 = No

Codes

COA8XYZ 00
Intensity

COA8I01

COA8I02

COA8I03

COA8I04

COA8I05

COA8I06

COA8I07

COA8I08

COA8I09

COA8I10

COA8I11

Definitions and questions

FOR REVIEW ONLY

Coding rules

2 = Yes

STILL TAKING

0 = No

2 = Yes

Codes

COA8112

COA8001
Onset

Definitions and questions

RELATIONSHIP WITH PROVIDER

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping me than my parents (caretaker) can.

Does not have as much time for me as I would like.

Does not understand what I need.

Criticizes what my parents (caretaker) do with me.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my me.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.

Coding rules

RELATIONSHIPS WITH PROVIDER

- 0 = No
- 2 = Yes

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True

Codes

POA9XYZ 00 Intensity

POA9I01

POA9I02

POA9I03

POA9I04

POA9I05

POA9I06

Definitions and questions

FOR REVIEW ONLY

Coding rules

- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True

Codes

POA9107

POA9108

POA9109

POA9110

POA9111

POA9112

Definitions and questions

OUTCOMES - LESS STRESSED
 PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider" are you feeling less stressed about your child?

OUTCOMES - BEHAVIOR IMPROVED
 PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider" Has your behavior improved?

Coding rules

- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

LESS STRESSED

- 0 = No
- 2 = Yes

YES 2

- 0 = No
- 2 = Yes

Codes

POA9113

POA9114

POA4104 Intensity

COA4101 Intensity

Definitions and questions

OUTCOMES - RELATIONSHIP IMPROVED
 PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION
 INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,
Why not?

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,
Why not?

PAYMENT
Do you know how this was paid for?

Did you pay any of the cost yourself?
Did your "parent" pay anything?

How much have you paid in the last 3 months?

Coding rules

YES 2

- 0 = No
- 2 = Yes

PATIENT OPINION

- 0 = No
- 2 = Yes

RETURN TO CLINIC

- 0 = No
- 2 = Yes

RECOMMEND

- 0 = No
- 2 = Yes

PAYMENT

- 0 = No
- 2 = Yes

FAMILY OUT-OF-POCKET EXPENSE

- 0 = Parent or child paid all of cost of services
- 1 = Parent or child paid some of cost.
- 2 = Parent or child paid none of cost.

Codes

COA4I03
 Intensity

COA5XYZ 00
 Intensity

COA5I01

COA5I02

COA3XYZ 00
 Intensity

COA3X01

COA3X02
 Frequency

Definitions and questions

**DETAILED CHILD SERVICES FORM 2
TREATMENT SETTING -
INPATIENT/OUTPATIENT (FORM 2)**

Where did you go/whom did you see?

**TREATMENT SETTING- FAMILY DOCTOR
(FORM 2)**

Did you see a family doctor?

Coding rules

TREATMENT SETTING

- 0 = Absent
- 2 = Present

OVERNIGHT/INPATIENT

- 0 = Absent
- 1 = Psychiatric hospital
- 2 = Psychiatric unit in general hospital
- 3 = Drug/Alcohol/Detoxification unit
- 4 = Medical inpatient unit in hospital
- 5 = Residential Treatment Center
- 6 = Detention Center/Training School/Jail
- 7 = Group home/Emergency shelter
- 8 = Therapeutic Foster Care
- 9 = Boarding School

**OUTPATIENT MENTAL HEALTH
TREATMENT**

- 0 = Absent
- 1 = Partial hospitalization/day program
- 2 = Drug/Alcohol
- 3 = Mental health center/Clinic
- 4 = Community health center
- 5 = Crisis center
- 6 = In-home counseling/crisis services
- 7 = Private professional treatment

FAMILY DOCTOR

- 0 = No
- 2 = Yes

Codes

COBOX0Z 00
Intensity

COBOX99

COBOX98

COBOX95
Intensity

Definitions and questions

TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 2)

Where did you go/whom did you see?

Coding rules

TREATMENT SETTING

0 = Absent

2 = Present

OTHER PROFESSIONAL HELP

0 = Absent

1 = School guidance counselor/school psychologist; school social worker

2 = Special class/BEH

3 = Social services

4 = Probation officer/juvenile correctional counselor

5 = Family doctor/Other MD

6 = Hospital ER

7 = Religious counselor

8 = Other healer/ternative practitioner

9 = Special class/LD or MR

10 = Educational tutoring

11 = School Teacher

12 = School Nurse

OTHER NON-PROFESSIONAL HELP

0 = Absent

1 = Crisis hotline

2 = Self-help group (AA, NA, etc)

3 = Adult family member/Relative

4 = Non-professional adult help

5 = Peer help

Codes

COBOX0X 00
Intensity

COBOX97

COBOX96

Definitions and questions

PROVIDER'S FOCUS OF TREATMENT (FORM 2)

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

What were the main reasons that you "went to treatment setting"?

*Were there any other reasons?
What were they?*

How often (long) did you go/stay in the last 3 months?

AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.

How long was each visit/session?

When did you first go there for this current treatment?

Are you still going?

IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT

When did you stop?

What were the reasons you stopped treatment?

code 3 reasons in order of apparent importance

Coding rules

ATTENDED TREATMENT SETTING

- 0 = Absent
- 2 = Present

FOCUS OF TREATMENT

- 0 = Absent
- 1 = School non-attendance
- 2 = Separation anxiety
- 3 = Worries/anxiety
- 4 = Obsessions/compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms
- 8 = Food-related behavior
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder
- 11 = Alcohol/Drugs
- 12 = Psychosis
- 13 = Relationships with Parent #1, #2
- 14 = Relationships with Other Parent #1, #2
- 15 = Relationships with other adults
- 16 = Sibling relationships
- 17 = Peer relationships
- 18 = Post-Traumatic Stress
- 19 = Psychological testing/evaluation
- 20 = Follow-Up care
- 21 = Other

LENGTH OF VISIT (FORM 1)

Codes

COBOXYZ 00 Intensity

COBOX03

COBOX04

COBOX05

COB0F01 Frequency

COB0D01

COB0O01 Onset

Definitions and questions

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 3)", (PAGE 5).

Coding rules

STILL ATTENDING

- 0 = No
- 2 = Yes

DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)

REASON(S) STOPPED

- 1 = Planned termination of treatment
- 2 = Planned termination of treatment
- 3 = Child improved so stopped going
- 4 = Parent felt "provider" did not understand what the problem was
- 5 = Parent disagreed with "provider" about what should be done
- 6 = Parent and/or child had a bad experience with this "provider"
- 7 = Parent and/or child felt discriminated against
- 8 = "Provider" was no longer available (moved or left setting)
- 9 = Child refused to go
- 10 = Insurance/managed care company limited treatment
- 11 = Too expensive
- 12 = Parent or child moved
- 13 = Other

Codes

COB6I01

COB6O01

POB6X01

Definitions and questions

FORMAT OF SERVICE CONTACT (FORM 2)
I am going to ask you about the different types of treatment that you or family may have received in this setting.

Did you receive.....

An assessment/evaluation or psychological testing?

Individual therapy?

Group therapy?

Did you or your family receive.....

Family therapy, when "provider" meets with parents and children together?

Counseling for you alone or counseling for you and your partner?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

Did your "provider".....

Contact or work with your child's school?

Contact or work with any other services or agencies?

Coding rules

FORMAT OF SERVICE CONTACT

- 0 = No
- 2 = Yes

ASSESSMENT/EVALUATION/TESTING

- 0 = No
- 2 = Yes

INDIVIDUAL THERAPY FOR CHILD

- 0 = No
- 2 = Yes

GROUP THERAPY

- 0 = No
- 2 = Yes

FAMILY THERAPY

- 0 = No
- 2 = Yes

COUNSELING FOR PARENT AND/OR PARTNER

- 0 = No
- 2 = Yes

FAMILY GROUP

- 0 = No
- 2 = Yes

CASE MANAGEMENT

- 0 = No
- 2 = Yes

CONTACTED SCHOOL

- 0 = No
- 2 = Yes

CONTACTED OTHER SERVICES OR AGENCIES

- 0 = No
- 2 = Yes

Codes

COB7X01
Intensity

COB7101

COB7103

COB7104

COB7107

COB7108

COB7106

COB7109

COB7111

COB7112

Definitions and questions

PARENTAL INVOLVEMENT (FORM 2)
Did your parents participate in any sessions with you?
How many?
Did you feel they should be more involved?
Or less involved?
CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

OTHER FAMILY INVOLVEMENT (FORM 2)
Were other family members involved (apart from you and your parents)?
Who?
Did they participate in any sessions?
How many?
Or less involved?
Did you feel they should be more involved?

Coding rules

PARENTAL INVOLVEMENT

- 0 = Adequate involvement.
- 2 = Parent feels his/her involvement was insufficient.
- 3 = Parent feels his/her involvement was too extensive.

OTHER FAMILY INVOLVEMENT

- 0 = Adequate involvement.
- 2 = Parent feels his/her involvement was insufficient.
- 3 = Parent feels his/her involvement was too extensive.

Codes

COB1X01
Intensity

COB1F01
Frequency

COB2X01
Intensity

COB2F01
Frequency

Definitions and questions

TREATMENT APPROACHES (FORM 2)

Now I want to ask you about what went on in any of the treatment sessions you had.

Did your "provider" (or any of your "providers")...

Have you keep a diary of your behavior?

Help you set up a plan for rewarding your good behavior?

Set up a behavioral contract?

Give you any "homework" to practice?

Suggest using "time-outs"?

Teach you ways to manage your behavior?

Teach you ways to relax?

Teach you how thoughts can affect how you feel and behave?

Teach you social skills?

Teach you how to deal with depressing or anxious thoughts?

Was medication prescribed for you?

Are you still taking it?

Are you still taking it?

OFFSET OF MEDICATION.

When did you stop?

Coding rules

TREATMENT APPROACHES

0 = No

2 = Yes

KEEP DIARY

0 = No

2 = Yes

REWARDS

0 = No

2 = Yes

BEHAVIORAL CONTRACT

0 = No

2 = Yes

"HOMEWORK"

0 = No

2 = Yes

"TIME - OUTS"

0 = No

2 = Yes

MANAGE BEHAVIOR

0 = No

2 = Yes

RELAXING

0 = No

2 = Yes

THOUGHTS AFFECTING BEHAVIOR

0 = No

2 = Yes

SOCIAL SKILLS

0 = No

2 = Yes

COPING WITH DEPRESSION

0 = No

2 = Yes

MEDICATIONS

0 = No

Codes

COB8XYZ 00
Intensity

COB8I01

COB8I02

COB8I03

COB8I04

COB8I05

COB8I06

COB8I07

COB8I08

COB8I09

COB8I10

COB8I11

Definitions and questions

FOR REVIEW ONLY

Coding rules

2 = Yes

STILL TAKING

0 = No

2 = Yes

Codes

COB8112

COB8001
Onset

Definitions and questions

RELATIONSHIP WITH PROVIDER (FORM 2)

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping my child than I can myself.

Does not have as much time for me as I would like.

Does not understand what my child needs.

Criticizes what I do with my child.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my child.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.

Coding rules

RELATIONSHIPS WITH PROVIDER

- 0 = No
- 2 = Yes

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True

Codes

COB9XYZ 00 Intensity

COB9I01

COB9I02

COB9I03

COB9I04

COB9I05

COB9I06

Definitions and questions

Coding rules

- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True

Codes

COB9107

COB9108

COB9109

COB9110

COB9111

COB9112

Definitions and questions

OUTCOMES - LESS STRESSED (FORM 2)
 PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

OUTCOMES - BEHAVIOR IMPROVED (FORM 2)
 PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider"

Has your behavior improved?

Coding rules

- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

LESS STRESSED

- 0 = No
- 2 = Yes

YES 2

- 0 = No
- 2 = Yes

Codes

COB9113

COB9114

COB4104 Intensity

COB4101 Intensity

Definitions and questions

OUTCOMES - RELATIONSHIP IMPROVED (FORM 2)

PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION (FORM 2)

INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,

Why not? (Record Verbatim)

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,

Why not? (Record Verbatim)

PAYMENT (FORM 2)

Do you know how this was paid for?

Did you pay any of the cost yourself?
Did your "parent" pay anything?

How much have you paid in the last 3 months?

Coding rules

YES 2

- 0 = No
- 2 = Yes

PATIENT OPINION

- 0 = No
- 2 = Yes

RETURN TO CLINIC

- 0 = No
- 2 = Yes

RECOMMEND

- 0 = No
- 2 = Yes

PAYMENT

- 0 = No
- 2 = Yes

FAMILY OUT-OF-POCKET EXPENSE

- 0 = Parent or child paid all of cost of services
- 1 = Parent or child paid some of cost.
- 2 = Parent or child paid none of cost.

Codes

COB4I03
Intensity

COB5XYZ 00
Intensity

COB5I01

COB5I02

CPOB3XYZ00
Intensity

COB3X01

COB3X02
Frequency

Definitions and questions

Coding rules

Codes

**DETAILED CHILD SERVICES FORM 3
TREATMENT SETTING -
INPATIENT/OUTPATIENT (FORM 3)**

Where did you go/whom did you see?

**TREATMENT SETTING- FAMILY DOCTOR
(FORM 3)**

Did you see a family doctor?

TREATMENT SETTING

- 0 = Absent
- 2 = Present

OVERNIGHT/INPATIENT

- 0 = Absent
- 1 = Psychiatric hospital
- 2 = Psychiatric unit in general hospital
- 3 = Drug/Alcohol/Detoxification unit
- 4 = Medical inpatient unit in hospital
- 5 = Residential Treatment Center
- 6 = Detention Center/Training School/Jail
- 7 = Group home/Emergency shelter
- 8 = Therapeutic Foster Care
- 9 = Boarding School

**OUTPATIENT MENTAL HEALTH
TREATMENT**

- 0 = Absent
- 1 = Partial hospitalization/day program
- 2 = Drug/Alcohol
- 3 = Mental health center/Clinic
- 4 = Community health center
- 5 = Crisis center
- 6 = In-home counseling/crisis services
- 7 = Private professional treatment

FAMILY DOCTOR

- 0 = No
- 2 = Yes

COC0X0Z 00
Intensity

COC0X99

COC0X98

COC0X95
Intensity

Definitions and questions

TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 3)

Where did you go/whom did you see?

Coding rules

TREATMENT SETTING

0 = Absent

2 = Present

OTHER PROFESSIONAL HELP

0 = Absent

1 = School guidance counselor/school psychologist; school social worker

2 = Special class/BEH

3 = Social services

4 = Probation officer/juvenile correctional counselor

5 = Family doctor/Other MD

6 = Hospital ER

7 = Religious counselor

8 = Other healer/ternative practitioner

9 = Special class/LD or MR

10 = Educational tutoring

11 = School Teacher

12 = School Nurse

OTHER NON-PROFESSIONAL HELP

0 = Absent

1 = Crisis hotline

2 = Self-help group (AA, NA, etc)

3 = Adult family member/Relative

4 = Non-professional adult help

5 = Peer help

Codes

COC0X0X 00
Intensity

COC0X97

COC0X96

Definitions and questions

PROVIDER'S FOCUS OF TREATMENT (FORM 3)

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

What were the main reasons that you "went to treatment setting"?

Were there any other reasons?
What were they?

How often (long) did you go/stay in the last 3 months?

AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.

How long was each visit/session?

When did you first go there for this current treatment?

Are still going?

IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT

When did you stop?

What were the reasons you stopped treatment?

CODE 3 REASONS IN ORDER OF APPARENT IMPORTANCE

Coding rules

ATTENDED TREATMENT SETTING

- 0 = Absent
- 2 = Present

FOCUS OF TREATMENT

- 0 = Absent
- 1 = School non-attendance
- 2 = Separation anxiety
- 3 = Worries/anxiety
- 4 = Obsessions/compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms
- 8 = Food-related behavior
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder
- 11 = Alcohol/Drugs
- 12 = Psychosis
- 13 = Relationships with Parent #1, #2
- 14 = Relationships with Other Parent #1, #2
- 15 = Relationships with other adults
- 16 = Sibling relationships
- 17 = Peer relationships
- 18 = Post-Traumatic Stress
- 19 = Psychological testing/evaluation
- 20 = Follow-Up care
- 21 = Other

LENGTH OF VISIT (FORM 1)

Codes

COC0XYZ 00
Intensity

COC0X03

COC0X04

COC0X05

COC0F01
Frequency

COC0D01

COC0001
Onset

Definitions and questions

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "ANTICIPATED LOSS OF PARENTAL RIGHTS", (PAGE 5).

Coding rules

STILL ATTENDING

- 0 = No
- 2 = Yes

DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)

REASON(S) STOPPED

- 1 = Planned termination of treatment
- 2 = Planned termination of treatment
- 3 = Child improved so stopped going
- 4 = Parent felt "provider" did not understand what the problem was
- 5 = Parent disagreed with "provider" about what should be done
- 6 = Parent and/or child had a bad experience with this "provider"
- 7 = Parent and/or child felt discriminated against
- 8 = "Provider" was no longer available (moved or left setting)
- 9 = Child refused to go
- 10 = Insurance/managed care company limited treatment
- 11 = Too expensive
- 12 = Parent or child moved
- 13 = Other

Codes

COC6I01

COC6O01

COC6X01

Definitions and questions

FORMAT OF SERVICE CONTACT (FORM 3)
I am going to ask you about the different types of treatment that you or family may have received in this setting

Did you receive.....

An assessment/evaluation or psychological testing?

Individual therapy?

Group therapy?

Did you or your family receive.....

Family therapy, when "provider" meets with parents and children together?

Counseling for your "parents" by themselves?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

Did your "provider".....

Contact or work with your school?

Contact or work with any other services or agencies?

Coding rules

FORMAT OF SERVICE CONTACT

- 0 = No
- 2 = Yes

ASSESSMENT/EVALUATION/TESTING

- 0 = No
- 2 = Yes

INDIVIDUAL THERAPY FOR CHILD

- 0 = No
- 2 = Yes

GROUP THERAPY

- 0 = No
- 2 = Yes

FAMILY THERAPY

- 0 = No
- 2 = Yes

COUNSELING FOR PARENT AND/OR PARTNER

- 0 = No
- 2 = Yes

FAMILY GROUP

- 0 = No
- 2 = Yes

CASE MANAGEMENT

- 0 = No
- 2 = Yes

CONTACTED SCHOOL

- 0 = No
- 2 = Yes

CONTACTED OTHER SERVICES OR AGENCIES

- 0 = No
- 2 = Yes

Codes

COC7X01
Intensity

COC7I01

COC7I03

COC7I04

COC7I07

COC7I08

COC7I06

COC7I09

COC7I11

COC7I12

Definitions and questions

PARENTAL INVOLVEMENT (FORM 3)

Did your parents participate in any sessions with you?

How many?

Did you feel you should be more involved?

Or less involved?

CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

OTHER FAMILY INVOLVEMENT (FORM 3)

Were other family members involved (apart from you and your parents)?

Who?

Did they participate in any sessions?

How many?

Did you feel they should be more involved?

Or less involved?

Coding rules

PARENTAL INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

OTHER FAMILY INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

Codes

COC1X01
Intensity

COC1F01
Frequency

COC2X01
Intensity

COC2F01
Frequency

Definitions and questions

TREATMENT APPROACHES (FORM 3)

Now I want to ask you about what went on in any of the treatment sessions you had.

Did your "provider" (or any of your "providers")...

Have you keep a diary of your behavior?

Help you set up a plan for rewarding your good behavior?

Set up a behavioral contract?

Give you any "homework" to practice?

Suggest using "time-outs"?

Teach you ways to manage your behavior?

Teach you ways to relax?

Teach you how your thoughts can affect how you feel and behave?

Teach you social skills?

Teach you how to deal with depressing or anxious thoughts?

Was medication prescribed for you?

Are you still taking it?

Are still taking it?

OFFSET OF MEDICATION.

When did you stop?

Coding rules

TREATMENT APPROACHES

0 = No

2 = Yes

KEEP DIARY

0 = No

2 = Yes

REWARDS

0 = No

2 = Yes

BEHAVIORAL CONTRACT

0 = No

2 = Yes

"HOMEWORK"

0 = No

2 = Yes

"TIME - OUTS"

0 = No

2 = Yes

MANAGE BEHAVIOR

0 = No

2 = Yes

RELAXING

0 = No

2 = Yes

THOUGHTS AFFECTING BEHAVIOR

0 = No

2 = Yes

SOCIAL SKILLS

0 = No

2 = Yes

COPING WITH DEPRESSION

0 = No

2 = Yes

MEDICATIONS

0 = No

Codes

COC8XYZ 00
Intensity

COC8I01

COC8I02

COC8I03

COC8I04

COC8I05

COC8I06

COC8I07

COC8I08

COC8I09

COC8I10

COC8I11

Definitions and questions

FOR REVIEW ONLY

Coding rules

2 = Yes

STILL TAKING

0 = No

2 = Yes

Codes

COC8112

COC8001
Onset

Definitions and questions

RELATIONSHIP WITH PROVIDER (FORM 3)

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping my child than I can myself.

Does not have as much time for me as I would like.

Does not understand what my child needs.

Criticizes what I do with my child.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my child.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.

Coding rules

RELATIONSHIPS WITH PROVIDER

- 0 = No
- 2 = Yes

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True

Codes

COC9XYZ 00
Intensity

COC9I01

COC9I02

COC9I03

COC9I04

COC9I05

COC9I06

Definitions and questions

FOR REVIEW ONLY

Coding rules

- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True

Codes

COC9I07

COC9I08

COC9I09

COC9I10

COC9I11

COC9I12

Definitions and questions

OUTCOMES - LESS STRESSED (FORM 3)
 PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider".....

OUTCOMES - BEHAVIOR IMPROVED (FORM 3)
 PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider".....

Has your behavior improved?

Coding rules

- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

ALWAYS/NEVER TRUE

- 1 = Always True
- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

LESS STRESSED

- 0 = No
- 2 = Yes

YES 2

- 0 = No
- 2 = Yes

Codes

COC9I13

COC9I14

COC4I04 Intensity

COC4I01 Intensity

Definitions and questions

OUTCOMES - RELATIONSHIP IMPROVED (FORM 3)

PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION (FORM 3)

INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,

Why not? (Record Verbatim)

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,

Why not? (Recorder Verbatim)

PAYMENT (FORM 3)

Do you know how this was paid for?

Did you pay any of the cost yourself?
Did your "parent" pay anything?

How much have you paid in the last 3 months?

Coding rules

YES 2

- 0 = No
- 2 = Yes

PATIENT OPINION

- 0 = No
- 2 = Yes

RETURN TO CLINIC

- 0 = No
- 2 = Yes

RECOMMEND

- 0 = No
- 2 = Yes

PAYMENT

- 0 = No
- 2 = Yes

FAMILY OUT-OF-POCKET EXPENSE

- 0 = Parent or child paid all of cost of services
- 1 = Parent or child paid some of cost.
- 2 = Parent or child paid none of cost.

Codes

COC4I03
Intensity

COC5XYZ 00
Intensity

COC5I01

COC5I02

COC3XYZ 00
Intensity

COC3X01

COC3X02
Frequency

Definitions and questions

Coding rules

Codes

**ATTITUDES AND BARRIERS TO SERVICES
RECEPTIVITY TO SERVICES**

GENERAL RECEPTIVITY

The degree to which an individual thinks that professional services for emotional or behavioral problems are generally beneficial and an appropriate response to major problems.

When people have a serious emotional or behavioral problem, do you think it is a good idea for them to try to get help or treatment?

Do you think people like counselors or doctors can help with the kinds of emotional and behavioral problems people have?

GENERAL RECEPTIVITY

0 = Sees professional services as an appropriate response to major emotional or behavioral problems for people

1 = Sees professional services as probably appropriate for major problems for people

2 = Sees professional services as probably not appropriate for major problems for people

3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems for people

CPA0101
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

PERCEPTION OF BARRIERS TO SERVICE

Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services.

FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS

Concern or discomfort with using services caused by subject's fear, dislike, or distrust of talking with professionals.

How do you feel about talking with doctors, counselors, or other professionals?

*Have you talked with anyone like that about the kinds of problems we have talked about?
Tell me about the last time.
What made you uncomfortable?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of this feeling about "doctors"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when you got help in the past 3 months?

What difference did it make?

FEAR, DISLIKE, DISTRUST OF PROFESSIONALS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

CPA1101
Intensity

CPA1102

CPA1103

Definitions and questions

PREVIOUS NEGATIVE EXPERIENCE

Concern or discomfort with using services caused by subject's previous negative experience with professional(s).

Have you ever had a "bad experience/trouble" with a "professional/provider" that kept you from getting help again?

Tell me about it.

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of "this experience"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this experience" make a difference when you got help in the past 3 months?

What difference did it make?

SELF-CONCIOUSNESS

Reluctance to use services caused by self-consciousness about admitting having a problem or about seeking help for it. Also inability to talk with anyone about such sensitive issues.

Is it hard for you to talk to others about a problem?

Or to ask others for help?

Do you feel embarrassed or self-conscious?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because it would be "embarrassing"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when you got help in the past 3 months?

What difference did it make?

Coding rules

PREVIOUS NEGATIVE EXPERIENCE

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

SELF-CONCIOUSNESS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

Ever:CPA2E01 Intensity

CPA2I01 Intensity

CPA2I02

CPA3I01 Intensity

CPA3I02

CPA3I03

Definitions and questions

ANTICIPATION OF NEGATIVE REACTION

Reluctance to use services caused by anticipation of a negative reaction from family, friends, or others to seeking treatment for an emotional or mental problem.

Are you concerned about what your family will think about you getting help?

Or about what your friends would think?

Or about what others would think?

What do you think they would say?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because you were "concerned what others would think"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when you got help in the past 3 months?

What difference did it make?

ANTICIPATION OF OUT OF HOME PLACEMENT

Reluctance to use services caused by fear that subject's children might be at greater risk of out-of-home placement.

Were you concerned that you might be taken from your home?

Or that you might have to go live somewhere else?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when you didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when you got help in the past 3 months?

What difference did it make?

Coding rules

ANTICIPATION OF NEGATIVE REACTION

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

ANTICIPATION OF OUT OF HOME PLACEMENT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

CPA4101
Intensity

CPA4102

CPA4103

CPA5101
Intensity

CPA5102

CPA5103

Definitions and questions

ANTICIPATED LOSS OF PARENTAL RIGHTS

Reluctance to use services caused by fear that subject might be seen as an unfit parent and lose parental rights.

Were you concerned that your parents might not be allowed to take care of you anymore?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Was there any time in the last 3 months when you didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when you got help in the past 3 months?

What difference did it make?

INCOMPLETE INFORMATION

Difficulty in getting services caused by lack of information about where to get services or how to arrange them.

Did lack of information about who to see make it harder for you to get services?

Do you think you need more information about who to see about a problem?

*How would (did) you try to find out who to see?
Who would (did) you ask about finding the right person?
Would (did) your parents know how to find the right person?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when you didn't get help because you didn't know who to see about the problem?

IF SERVICES IN LAST 3 MONTHS, ASK:

When you got help in the past 3 months, did you have trouble finding out who to see?

Coding rules

ANTICIPATION OF LOSS OF PARENTAL RIGHTS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

0 = Present but did not keep from getting help

2 = Present and delayed subject from getting some/other particular services in past 3 months

3 = Present and stopped subject from getting some/other particular services

IF SERVICES

0 = Present, but no effect on services

2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)

3 = Quit getting services

INCOMPLETE INFORMATION

- 0 = Absent
- 2 = Present

IF SYMPTOMS

0 = Present but did not keep from getting help

2 = Present and delayed subject from getting some/other particular services in past 3 months

3 = Present and stopped subject from getting some/other particular services

IF SERVICES

0 = Present, but no effect on services

2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)

3 = Quit getting services

Codes

CPA6101
Intensity

CPA6102

CPA6103

CPA7101
Intensity

CPA7102

CPA7103

Definitions and questions

TIME

Reluctance to use services caused by lack of time to get treatment or to make arrangements for treatment.

Are you concerned about having enough time to get help?

*Do you have time to go to appointments?
Or time to make arrangements?
How much time would be needed?
What would you not be able to do?
Would you have to miss school? How much?
Would you have to give up a job?
Would you miss out on seeing freinds?
Would you have to give up doing things you enjoy?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of "the time commitment"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did time make a difference when you got help in the past 3 months?

Coding rules

TIME

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

CPA8101
Intensity

CPA8102

CPA8103

Definitions and questions

COST
 Inability to use services or underutilization of services caused by perception that services could not be afforded or paid for.

Are you bothered about the cost of getting help?

*What do you think it would cost?
 How did you find out what it would cost?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because it would cost too much?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did cost make a difference when you got help in the past 3 months?

What difference did it make?

IF CONCERN ABOUT COST, ASK:

Was that because your insurance would not cover the cost?

*Would your insurance cover part?
 Could you afford the rest?*

Coding rules

CONCERN ABOUT COST

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

INSURANCE

- 0 = Insurance covered cost or could afford co-payment
- 2 = No insurance or insurance coverage insufficient

Codes

CPA9101
 Intensity

CPA9102

CPA9103

CPA9104

Definitions and questions

TRANSPORTATION

Reluctance to use services caused by difficulty getting to treatment site.

Is it difficult for you to get to "treatment" location?

*How far would you need to go?
What transportation would (do) you need to get there?
Is that available?
Why wouldn't you use it?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because you "had no transportation and couldn't get there"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did transportation make a difference when you got help in the past 3 months?

What difference did it make?

BUREAUCRATIC DELAY

This item includes bureaucratic hurdles such as excessive pre-visit paperwork or authorizations, difficulty getting an appointment in a timely fashion or being put on a waiting list, or offices where the phone is not answered or calls are not returned.

Have there been difficulties getting services because of "the system"?

*Have you had trouble getting through on the phone?
Were you put on a waiting list?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of "bureaucratic delay"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did bureaucratic delay make a difference when you got help in the past 3 months?

Coding rules

PROBLEM WITH TRANSPORTATION

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

PROBLEM WITH BUREAUCRATIC DELAY

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

CPB0101
Intensity

CPB0102

CPB0103

CPB6101
Intensity

CPB6102

CPB6103

Definitions and questions

SERVICE NOT AVAILABLE

Non-availability of a particular service desired by a subject (such as counseling or drug rehab) because it does not exist in the area where the subject lives.

Are there particular services you would like to use to get help that are not available where you live?

What kind of service?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because that service is not available around here?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did availability or existence of services make a difference when you got help in the last 3 months?

What difference did it make?

REFUSAL TO TREAT

Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

Did any service agency refuse to provide treatment for you?

What was the reason given?
What do you think was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because you were refused treatment?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this refusal to treat make a difference when you got help in the last 3 months?

What difference did it make?

Coding rules

PROBLEM WITH AVAILABILITY

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

REFUSAL TO TREAT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

CPB7101
Intensity

CPB7102

CPB7103

CPB8101
Intensity

CPB8102

CPB8103

Definitions and questions

CHILD OR PARENT REFUSES TREATMENT

The subject refused to go for treatment for which s/he was referred by a professional; or, the spouse/partner refuses to allow the subject's participation.

Have you refused to go to any treatment services?

Hase your "parent" refused to allow you to get treatment?

What was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because you or your "parent" refused treatment?

IF SERVICES IN PAST 3 MONTHS, ASK:

Did your "parent's" refusal to go to treatment make a difference in getting help in the last 3 months?

Did your "parent's" refusal make a difference in getting help in the last 3 months?

Coding rules

CHILD OR PARENT REFUSES TREATMENT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

CPB9I01
Intensity

CPB9I02

CPB9I03

Definitions and questions

LANGUAGE

Reluctance to use services caused by lack of professionals who speak the native language of this family. Do not include a speech defect in a parent or subject whose native language is English.

What languages are spoken in your home?

Do your parents speak English?

IF ENGLISH IS ONLY LANGUAGE, SKIP TO OTHER BARRIERS.

*Is it hard for you to talk about your problems in English?
Is it hard for your parents?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when you you didn't go see someone about a problem because of having to speak English?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did having to speak English make a difference when you got help in the past 3 months?

What difference did it make?

Coding rules

LANGUAGES SPOKEN IN THE HOME

- 0 = English is first language
- 1 = English is secong language and other first language(s) is spoken in the home
- 2 = Only other language(s), not English, spoken in the home

OTHER LANGUAGE(S)

- 0 = Absent
- 2 = Child is so bothered that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.

LANGUAGE BARRIER

- 0 = Absent
- 2 = Present for spouse/partner but not subject
- 3 = Present for subject

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

CPB1I01
Intensity

CPB1X01

CPB2I01

CPB2I02

CPB2I03

Definitions and questions

OTHER BARRIERS

Reluctance to use services caused by other factors.

Are there other things that you are concerned about in relation to getting help for your problems?

*What are they?
Tell me about that.*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of X?

How did it keep him/her from getting help?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did X make a difference when you got help in the past 3 months?

What difference did it make?

**IF NO CONCERNS OR BARRIERS IDENTIFIED IN ENTIRE SECTION, SKIP TO NEXT SECTION.
IF IF CONCERNS OR BARRIERS IN LAST 3 MONTHS, OTHERWISE..., SKIP TO END.**

FOR REVIEW ONLY

Coding rules

OTHER BARRIER

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
 - 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
 - 3 = Quit getting services
- Specify
-

Codes

CPB3I01
Intensity

CPB3I02

CPB3I03

Definitions and questions

RELATIVE IMPACT OF BARRIERS

Subject's weighting of the relative importance of the barriers to service.

You've told me that "barriers" made a difference in the help you got.

Which ones bothered you the most?

Which ones made the most difference in the services you got?

Coding rules

BARRIERS REPORTED

- 0 = Absent
- 2 = Present

RELATIVE IMPACT OF BARRIERS

- 1 = Fear, dislike, or distrust of professionals
- 2 = Previous negative experience
- 3 = Self-consciousness
- 4 = Anticipated negative reaction
- 7 = Lack Of Information
- 8 = Time
- 9 = Cost
- 10 = Problem With Transportation
- 11 = Language Barrier
- 12 = Other Barrier
- 13 = Bureaucratic delay
- 14 = Service not available
- 15 = Refusal to treat
- 16 = Refuses treatment
- 17 = Anticipated Loss of Own Children
- 18 = Anticipated Loss Of Parental Rights

Codes

CPD4X01
Intensity

CPB4I01

CPB4I02

CPB4I03

Definitions and questions

SERVICES AFFECTED

Subject's listing of the providers/treatment settings whose services were most affected by the above barriers.

Which "services" were affected the most?

*Who didn't you go to see?
Is there someone you would like to have seen?
Or an agency you would have liked to go to for services?*

Coding rules

TREATMENT SETTING(S) AFFECTED

- 0 = Absent
- 2 = Present

TREATMENT SETTING

- 1 = Psychiatric Hospital
- 2 = Psychiatric unit in general hospital
- 3 = Drug/alcohol/detox unit
- 4 = Medical inpatient unit in hospital
- 5 = Residential treatment center
- 6 = Detention center/training school/jail
- 7 = Group home/emergency shelter
- 10 = Sheltered living/habilitation/halfway house
- 11 = Partial hospitalization/day program
- 12 = Drug/alcohol clinic
- 15 = Crisis/Rape Crisis Center
- 16 = In-home counseling/crisis services
- 17 = Private professional treatment
- 21 = College based professional
- 22 = Professor/Instructor
- 23 = Marriage Counselor
- 24 = Work Related Services
- 25 = Non-professional help at work
- 26 = Social Services
- 27 = Probation/Parole Officer
- 28 = Court Counselor
- 29 = Family Doctor/Other MD
- 30 = Hospital ER
- 31 = Vocational Rehab/Sheltered Workshop/Job Training
- 32 = Religious Counselor
- 33 = Other Healer/Alternative Practitioner
- 34 = Crisis Hotline
- 35 = Self Help Group
- 36 = Internet Support Group
- 37 = Help From Relatives

Codes

CPB5X01
Intensity

CPB5I01

CPB5I02

CPB5I03

Definitions and questions

FOR REVIEW ONLY

Coding rules

- 38 = Other Non-professional help
- 39 = Help from friends

Codes

FOR REVIEW ONLY